

Evaluation of Birth Outcomes for High-Risk Women Enrolled in New York State's Community Action for Prenatal Care Initiative (CAPC)



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CAPC Targets the Highest Risk Areas

CAPC target areas have

- 17% of all New York State Births;
- 55% of all HIV+ Women Giving Birth;
- 70% of Perinatal HIV Transmissions.

Community Action for Prenatal Care (CAPC)



- Targets zip codes in Bronx, Brooklyn, Northern Manhattan, Buffalo. Selection criteria* included:
 - percentage of women delivering with late/no prenatal care were high: for New York City the rate was 11%*
 - rate of HIV positive women giving birth was high: Bronx 1.78%, Brooklyn 1.34%, and Manhattan 1.49%**

*Derived from 1997 Vital Statistics data

**Derived from AIDS Epidemiology



CAPC (cont.)

- Community mobilization, building on existing resources;
- Development of community coalitions, coordinated by a lead agency in each target area, for the purpose of recruiting high-risk women into care;
- Newest linkage is with the New York City Department of Correction at Rikers Island to transition women to prenatal care after release from jail.



CAPC Woman

At high risk for HIV and/or late or no prenatal care because she is:

- a pregnant woman who is not in prenatal care; or
- a woman who may be pregnant and is not receiving health services; or
- a pregnant woman in crisis regardless of whether she is connected to care;



CAPC Woman (cont.)

- An HIV+ woman regardless of pregnancy status who is not receiving health services.
- New York State Department of Health data indicate that she is likely to be found among populations of:
 - **Substance users;**
 - **Immigrants;**
 - **Adolescents;**
 - **Women experiencing homelessness, mental illness, and/or domestic violence.**



Client Pathways

A client may enter CAPC through a number of pathways:

- Outreach by specially trained outreach workers;
- Lead agency sponsored outreach events
- Agency referral;
- Social Marketing Campaign.



Background

- Process evaluation conducted through data collected on the CAPC intake form provides information on:
 - Client demographics: (age, race, zip code of residence);
 - Pathways into CAPC;
 - Client risk factors;
 - Referral partner productivity;
 - Outreach worker productivity.



CAPC Outcomes Study: Objective

- To evaluate birth outcomes of high-risk pregnant women recruited into care by analyzing the following variables:
 - Birth weight;
 - Prenatal care utilization;
 - Maternal HIV testing history and HIV status of mother;
 - Antiretroviral therapy receipt;
 - HIV transmission status.



Methodology-Data Sources

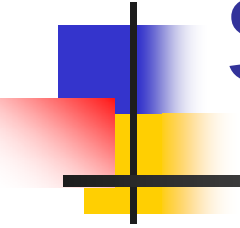
- Vital Records – Birth certificate data provided infant birth weight, DOB and PNC utilization;
- Comprehensive Newborn HIV Testing Program (NSP) data provided mother's HIV status and HIV testing history
 - Tested during this pregnancy;
 - Tested prior to this pregnancy;
 - Not previously tested;
 - Test history unknown/inaccessible;
 - Expedited test of mother;
 - Expedited test of baby.

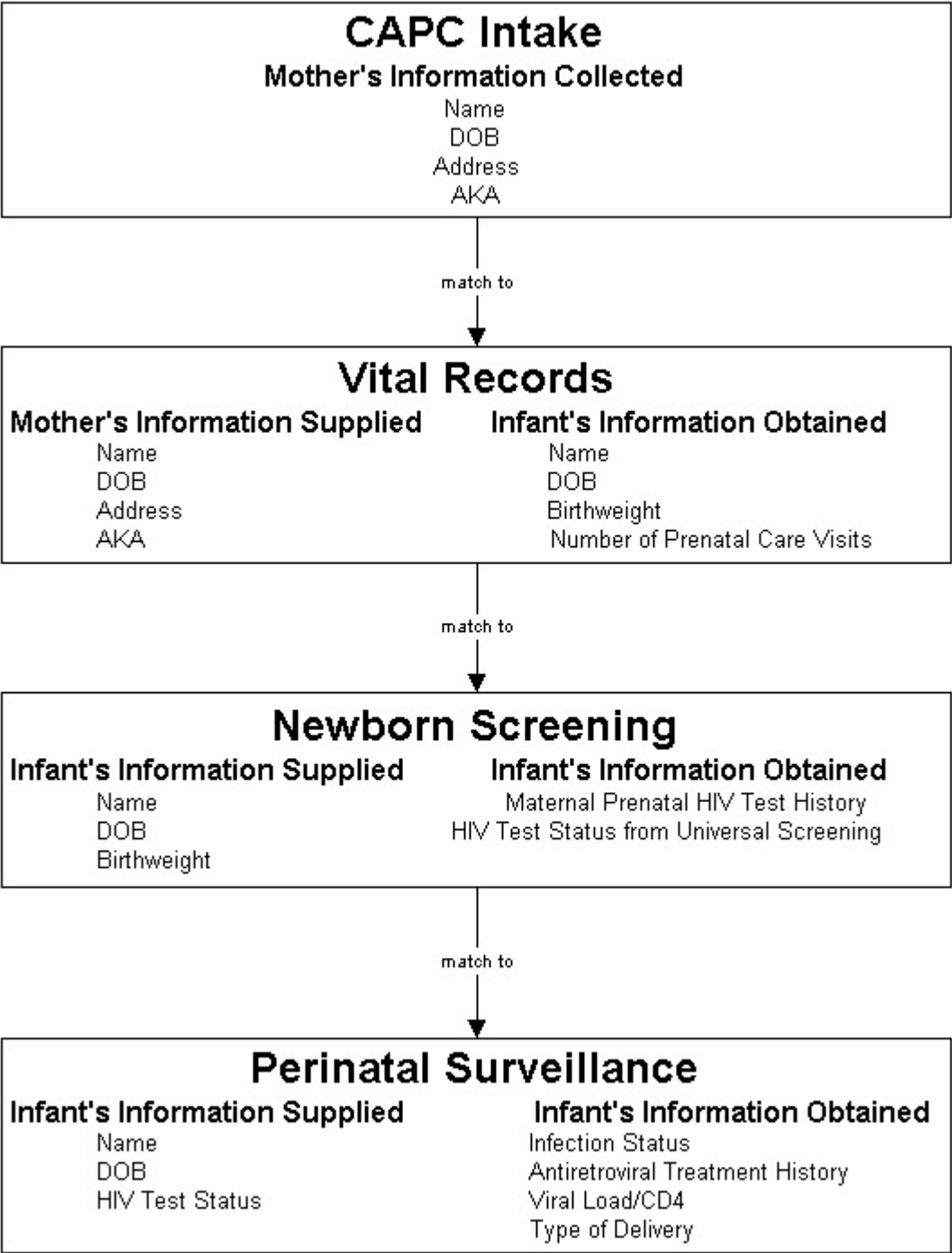


Methodology-Data Sources (cont.)

- Perinatal HIV Surveillance data provided information on receipt of antiretroviral prophylaxis by HIV-infected mothers and their newborns; and
- HIV transmission status.

Methodology-Matching to State-held Databases







Challenges

- Incompatibility of data files;
- Establishing matching variables;
 - Name changes
 - Different Permanent Facility Identifier codes (PFI)
- Collecting data from field-based outreach workers;
- Confidentiality; data use agreements;
- Lag-time in chart review data.



Results

- Between 2001-2003, 1,427 high-risk pregnant women were enrolled in CAPC;
- 699 (49%) were matched to Vital Records and NSP;
- Possible reasons for 728 unmatched cases:
 - Did not give birth (abortion, miscarriage, etc.);
 - Delivered out of state;
 - Gave incorrect name at intake or changed their name since intake.



Results

- 88% delivered normal birth weight infants (>2500 gms) compared to 91% in the CAPC targeted areas;
- Prenatal HIV testing rates were equivalent to the CAPC targeted areas at 87%.



Results (cont.)

- 29 (4.1%) delivering women were HIV-positive compared to 1% in target areas
 - Of the 29 exposed infants:
 - 1 positive infant;
 - 2 indeterminate infants;
 - 26 confirmed non-infected infants.



Antiretroviral Therapy

Information available from HIV Perinatal Surveillance data for future analysis:

- When ART first initiated;
- If ARV administered to newborn;
- Course of ART;
- Type of drug(s) administered;



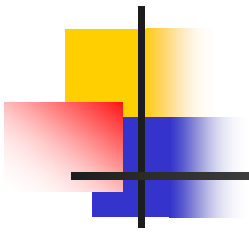
Antiretroviral Therapy (cont.)

- PCR test information;
- CD4 information;
- Viral load of mother;
- Type of delivery;
- Membrane rupture time.



Conclusions

- Outcome data revealed the CAPC Initiative is reaching the highest-risk population in the targeted area (HIV+ women enrolled).
- As a group, CAPC women had good birth outcomes (normal birth weight, HIV testing during pregnancy, and low transmission rate).
- The collaboration between the AIDS Institute, lead agencies, outreach workers and surveillance partners will facilitate future studies to demonstrate the impact of the CAPC program.



“It’s about contact with another caring human being; it’s about being afraid; it’s about being isolated; it’s about a million feelings. To feel that someone had a fundamental respect for my humanity began to help me care about me.”

CAPC Consumer

Protect yourself
and your baby.
Get early prenatal care.



To get prenatal care, call
1-800-220-7606

Call anytime, day or night.
Your call is free and confidential.